Schedule E)	PAGE 1 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 000330700
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Glenda McKinney	06 25 Y Y Y Y
Mailing Address 308 West Main Street	Amount
City State Zip Code	122.50
Plot Mountain NC 27041	Transaction ID : 60c7c070-4aeb-4548-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 25 / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For:
Full Name of Payee Glenda McKinney	Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street	06 25 2014
Mailing Address 308 West Main Street	Amount
City State Zip Code	14.28
Plot Mountain NC 27041	Transaction ID: e0026983-b9bd-4c38-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / 25 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	136.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LXI LIVE	TOTILO		PAGE 2 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Belinda Blake			M = M	c Distribution/Dissemination
Mailing Address 7214 Duchamp Dr.			06 Amount	25 2014
1 '	State NC	Zip Code	Transaction	45.00 ID : 9ead3461-930b-49ae-b
Purpose of Expenditure Salary		Category/ Type 001		ursement or Obligation 25 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan Calendar Year-To-Date		Oppose	Disbursement For:	Senate State: NC Primary General
Per Election for Office Sought Full Name of Payee		32090.71	Other (sp	pecify) ▶ic Distribution/Dissemination
Belinda Blake			M 06	25 2014
7214 Bushamp Br.			Amount	
City S Char	State NC	Zip Code 28215		7.80 D : 106141b3-0401-4b89-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 06	25 2014
Name of Federal Candidate Ms. Kay Hagan		Support Oppose	Office Sought:	House District: 00 Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			•	52.80
(b) SUBTOTAL of Uniternized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			>	1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electron	cally Filed] Date	06 / 27	2014

Sch	edule E)	EXI ENDI	101120			PAGE 3 OF 22 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					C00530766
						500333.33
Check	k if 24-hour report X 48-hour report	New repo	ort Amends	report file	ed on	D D
	ull Name of Payee Lily Green				Date of Public	: Distribution/Dissemination
	•				06	25 2014
M	Mailing Address 205 Medallion Circle				Amount	
С	Sity S	State	Zip Code			20.00
	Shreveport	LA	71119			D: 9105edd2-f96b-4539-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	Date of Disbut	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Suppo	ort Off	ice Sought:	House District: 00
N	Ms. Mary L Landrieu		X Oppos			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34702.35	Dis 201	bursement For: Other (spe	Primary
	Full Name of Payee				Date of Public	Distribution/Dissemination
	Lily Green				M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 205 Medallion Circle				Amount	
	City	State	Zip Code			7.80
	Shreveport	LA	71119		Transaction ID	7:03521538-f59c-4a55-a irsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	06 /	25 / Y 2014
	Name of Federal Candidate		Suppo	ort Off	ice Sought:	House District: 00
N	Ms. Mary L Landrieu		X Oppos	se	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34702.35	Dis 20	sbursement For: 14 Other (sp	Primary
(a)) SUBTOTAL of Itemized Independent Expenditures.			·····		27.80
(b)) SUBTOTAL of Unitemized Independent Expenditure	es		······ >		
(c)	TOTAL Independent Expenditures			······ >	1 1 2	
witl	der penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M / D D D 0 0 27	/ Y Y Y Y Y Y 2014
	Signature		_	_		

Schedule E)	LIVI EXI EN	DITORILO	PAGE 4 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Katlynn Cockerham			06 / 25 / 2014
Mailing Address 4970 Lyman Rd			Amount
City	State	Zip Code	20.00
Winston Salem	NC	27105	Transaction ID: 0f38d21c-3945-44fa-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Katlynn Cockerham			06 25 2014
Mailing Address 4970 Lyman Rd			Amount
City	State	Zip Code	4.80
Winston Salem	NC	27105	Transaction ID : 8a3a463f-d2dc-4fa1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 25 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		24.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	conically Filed] Date	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s.g			

Schedule E)	VI EXI END	TIONES		PAGE 5 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Alex Peyton			06	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		30.00
Washington	LA	70589		D: 43626701-8b50-4120-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	34702.35	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Alex Peyton			M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		20.40
Washington	LA	70589		: 2bd79886-e43c-4b4c-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	34702.35	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			50.40
,			7	7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D 27	2014
-				

Schedule E)	IN EXILIN	DITOTILO	PAGE 6 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ky Broussard			06 / 25 / 2014
Mailing Address 301 N Cedar Street			Amount
City	State	Zip Code	45.00
Abbeville	LA	70510	Transaction ID : 9e63621b-83d3-4719-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34702.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ky Broussard			06 / 25 / 2014
Mailing Address 301 N Cedar Street			Amount
City	State	Zip Code	12.30
Abbeville	LA	70510	Transaction ID : 7049ce04-1f0f-4ac0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34702.35	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		. ▶ 57.30
(,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. 3			

Schedule E)	INT EXI END	ATOTILO	<u> </u>	AGE 7 OF 22 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee	<u> </u>		Date of Public D	Distribution/Dissemination
Jonathan Odette			M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road			Amount	
City	State	Zip Code		60.00
Wendell	NC	27591	l l	: d5772c26-e90b-4519-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jonathan Odette			M M /	25 / 2014
Mailing Address 9600 Earpsboro Chamblee Ro	ad		Amount	
City	State	Zip Code		13.20
Wendell	NC	27591		6f6ec4bf-dc48-48d7-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- 7 7	32090.71	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	73.20
//s) CURTOTAL of Unitermined Independent Function	alita una a			7
(b) SUBTOTAL of Unitermized Independent Expen	altures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 / 27	2014

Schedule E)	IN EXICIN	DITOTILO	PAGE 8 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			06 25 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : a7de9748-4264-498c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			06 25 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	20.10
Greensboro	NC	27407	Transaction ID : 4eac3df1-da49-4281-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 25 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. • 100.10
,,			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 27 2014
- 3			

Sche	edule E)	EXI EIID			PAGE 9 OF 22 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
		New Tept	ort Amends repo	Tr filed off	
	ıll Name of Payee Donna Barrette				of Public Distribution/Dissemination
Ma	ailing Address 724 Harris Avenue			Amou	unt
Ci	ty	State	Zip Code	— F	40.00
	larahan	LA	70123		saction ID: 6793398a-cbff-4eb2-a of Disbursement or Obligation
	urpose of Expenditure calary		Category/ Type 001		06 / 25 / 2014
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	ls. Mary L Landrieu		X Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	34702.35	Disbursemer 2014	nt For:
	ull Name of Payee			Date	of Public Distribution/Dissemination
	Oonna Barrette				06 25 2014
M	ailing Address 724 Harris Avenue				
				Amou	unt
Ci	ity	State	Zip Code		0.30
	larahan	LA	70123	Transa Date	action ID: 711dc959-486a-40ce-9 of Disbursement or Obligation
	urpose of Expenditure //ileage		Category/ Type 002		06 / 25 / Y 2014
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	ls. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	34702.35	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	s		▶	40.30
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7 1 7 1 7
(c)	TOTAL Independent Expenditures			•	
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / / / / / / / / / / / / / / / / /	27 2014
;	Signature				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Ms. Tonya Boyd	06 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	nount
City State Zip Code	90.00
Mt. Airy NC 27030 Tra	ansaction ID : f5086791-b52b-4df1-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 25 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
5 11 11 12 12 12 12 12 12 12 12 12 12 12	Other (specify)
Full Name of Payee Ms. Tonya Boyd	ate of Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd	06 25 2014 mount
City State Zip Code	9.90
	nsaction ID : dae3030a-241b-42e1-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / 25 / 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Ms. Kay Hagan Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	99.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedu	le E)	- EXI ENDI	TOTILO			PAGE 11 OF 22 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wome	en Speak Out PAC					C00530766
						000333.23
Check if	24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M = M /	D = D / Y = Y = Y
	ame of Payee Bryson	,		Date	e of Public	Distribution/Dissemination
	•				M M /	25 2014
Mailin	g Address 216 Dogwood Ln			Am	ount	
City		State	Zip Code			70.00
Belm	ont	NC	28012			ID: 4677cc8c-f6da-4ddb-9 ursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 00	_	M M M /	25 2014
Name	of Federal Candidate		Support	Office Sou	aht:	House District: 00
Ms. K	ay Hagan		Oppose		_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursem 2014		Primary General
<u> </u>		7			Other (sp	
	lame of Payee y Bryson			Dat	e of Public	c Distribution/Dissemination
Mailin	g Address 216 Dogwood I n				06	25 2014
Mann	g Address 216 Dogwood Ln			Am	ount	
City		State	Zip Code	$ +$ Γ		21.30
Belm	ont	NC	28012	Tran Dat	saction II	D: daa2a844-c686-4f8e-9 ursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		06 M	25 2014
Name	of Federal Candidate		Support	Office Sou	ıght:	House District: 00
Ms. k	Kay Hagan		X Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	32090.71	Disbursem 2014	ent For: Other (sp	Primary
(a) SU	BTOTAL of Itemized Independent Expenditure	s		···· >		91.30
(b) SU	BTOTAL of Unitemized Independent Expenditu	ures		··· •		
(c) TO	TAL Independent Expenditures					
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate ommittee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	te 06	/ 27	2014
Sigr	nature		_			

Schedule E)	VI EXI END	TI OTILO	PAC FOR	GE 12 OF 22 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Jeanne Tribou				25 / Y Y Y Y Y Y Y 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		30.00
Mandeville	LA	70471	Transaction ID : 2 Date of Disbursem	ba5aa42-8c26-44d1-9 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D	25 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President Se	enate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	34702.35	Disbursement For: 2014 Other (specify)	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Jeanne Tribou			06 / D	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		2.70
Mandeville	LA	70471	Transaction ID : ed Date of Disbursem	26572f-42ea-4f98-9 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D	25 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President S	
Calendar Year-To-Date Per Election for Office Sought	, , ,	34702.35	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			32.70
			4	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	06 27	2014
- 3				

Schedule E)	INT EXI EN	STICILO	PAGE 13 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Andrew Shiver			06 / 25 / 2014
Mailing Address 110 Earlston Ct			Amount
City	State	Zip Code	60.00
Knightdale	NC	27545	Transaction ID : 91bcc45f-c684-4599-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Andrew Shiver			06 25 2014
Mailing Address 110 Earlston Ct			Amount
City	State	Zip Code	9.30
Knightdale	NC	27545	Transaction ID : caab3dc9-cd21-400b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		69.30
(,)			7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		- •
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	LIVI EXI EIV	DITOTILO	PAGE 14 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	report Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 / 25 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	90.00
Mt. Airy	NC	27030	Transaction ID: 20430fd2-d685-4b15-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,	32090.71	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 25 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	9.90
Mt. Airy	NC	27030	Transaction ID : 4e28968e-dbe9-4bb5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		99.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	ronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s.g			

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Mr. Roger McKinney		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Am	ount
City Sta	ate Zip Code	53.33
,	IC 27041 Tra	nsaction ID: e934d7c6-f11b-4783-a e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought	32090.71 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street		te of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	ate Zip Code	12.30
	IC 27041 Tran	nsaction ID : 0a45ce24-04a2-4f1e-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 / 25 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	32090.71 Disbursem 2014	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	65.63
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 06	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Sc	hedule E)	EXI EIIDI	101120				PAGE 16 OF 22 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	/ / / /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Mr. Haley Brown					06 /	25 / 2014
	Mailing Address 344 Natalie Drive				Amou	ınt	
ŀ	City	State	Zip Code		— Г [.]		20.00
		NC	27030				D: 8742228c-1a68-43b1-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		06 /	25 / 2014
ı	Name of Federal Candidate		Su	pport	Office Sough	nt:	House District: 00
	Ms. Kay Hagan		X Op	pose	Presid	ent \sum	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		32090.71		Disbursemen 2014	nt For: Other (sp	Primary
Γ	Full Name of Payee				Date	of Public	c Distribution/Dissemination
1	Mr. Haley Brown					M M M /	25 2014
ľ	Mailing Address 344 Natalie Drive						2011
1					Amoi	unt	
ŀ	City	State	Zip Code				9.00
		NC	27030		Trans Date	of Disbu	D: fc5edbe8-ed05-4761-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [06	25 / 2014
ľ	Name of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00
	Ms. Kay Hagan		X Op	pose	Presid	lent 2	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		32090.71		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				•		29.00
(b) SUBTOTAL of Unitemized Independent Expenditure	98			· [1 1 2 1 1 2
(c) TOTAL Independent Expenditures				· [
٧	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M / 06	27	2014
	Signature		_				

Scl	hedule E)	EXI EIIDI	101120		_	AGE 17 OF 22 OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
W	omen Speak Out PAC				C Co	0530766
Ob -	eck if 24-hour report X 48-hour report	New repo	Amanada wa			D D / Y Y Y Y
One	ck if 24-hour report X 48-hour report	New repo	ort Amends re	port filed o	n L	
	Full Name of Payee Zachary Vidrine				Date of Public D	Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun				Amount	<u></u>
ŀ	City	State	Zip Code			20.00
	Ville Platte	LA	70586			: d903e533-07eb-4caf-a ement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	-	06	25 / 2014
ı	Name of Federal Candidate		Support	Office \$	Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	F	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34702.35	Disburs 2014	ement For: Other (speci	Primary
	Full Name of Payee				Date of Public D	Distribution/Dissemination
	Zachary Vidrine				M M / / / / / / / / / / / / / / / / / /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 202 Rue Des Cajun				النتا	20 20 1
١					Amount	
ŀ	City	State	Zip Code			8.40
	Ville Platte	LA	70586	Т	ransaction ID: Date of Disburse	4835b6b3-03e2-4b2d-8 ement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	06 /	25 / 2014
	Name of Federal Candidate		Support	Office	Sought:	House District:00
	Ms. Mary L Landrieu		Oppose		President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34702.35	Disburs 2014	sement For: Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			···· •		28.40
(b) SUBTOTAL of Unitemized Independent Expenditure	9S		···· •		7
(c) TOTAL Independent Expenditures			····· >	7	7
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate earty committee) any political party committee or its agr	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	ate 06	/ D D /	2014
	Signature		_			

Schedule E)	IN EXILIN	JII OII LO	PAGE 18 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Darius Beverly			06 / 25 / 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	40.00
Avondale	LA	70094	Transaction ID : 7c85c5a7-1ecd-489f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34702.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			06 25 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	40.00
Avondale	LA	70064	Transaction ID: 4b44f19e-1a2e-4cd8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34702.35	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		80.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 27 2014
- 3			

Schedule E)	ENT EXILE	DITORLO	PAGE 19 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			06 25 / 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	4.20
Avondale	LA	70064	Transaction ID : fd43c011-94a0-416c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34702.35	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Belinda Blake			06 26 2014
Mailing Address 7214 Duchamp Dr.			Amount
City	State	Zip Code	35.00
Char	NC	28215	Transaction ID : cdcd2de8-7438-4e41-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		39.20
(b) SUBTOTAL of Unitemized Independent Expo	enditures)
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	WI EXI EN	DITOTILO	PAGE 20 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Belinda Blake			06 26 2014
Mailing Address 7214 Duchamp Dr.			Amount
City	State	Zip Code	7.50
Char	NC	28215	Transaction ID : 4ab63f8b-9708-4146-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	32090.71	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	25.00
Charlotte	NC	23215	Transaction ID : 72e6118d-e3fb-41be-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 26 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	32090.71	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		32.50
			7 7 7
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INI EXI EN	DITORILO	PAGE 21 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New r	eport Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 26 7 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	6.00
Charlotte	NC	23215	Transaction ID: 08d03aba-be7c-475b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		32090.71	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Anna Huffman			06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 70 Westfield Ct.			Amount
City	State	Zip Code	30.00
Gibsonville	NC	27249	Transaction ID: 87a5e7fa-494e-47a1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	32090.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		36.00
(b) CUPTOTAL of Heliconics delegans dead Forest	- 19		
(b) SUBTOTAL of Unitemized Independent Expe	naitures		•
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authoriz		
Ms. Emily Buchanan Signature	[Electr	conically Filed] Date	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
V			

Schedule E)	II EXI END	HONES		PAGE 22 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Anna Huffman			/ /	23 / 2014
Mailing Address 70 Westfield Ct.			Amount	
City	State	Zip Code		3.00
Gibsonville	NC	27249	l l	0 : d2c06dfb-50cf-406b-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	32090.71	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
The Stoneridge Group			06	25 / 2014
Mailing Address 4400 North Point Parkway			Amount	
Suite 190	State	7:- Oada		4704.75
City Alpharetta	GA	Zip Code 30022		4724.75 : 13b2c024-28fb-4b23-8 sement or Obligation
Purpose of Expenditure Website Design		Category/ Type 004	06 /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark E Udall		X Oppose	President >	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 7	4724.75	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			4727.75
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(,, == = = = = = = = = = = = = = = = = =			7	7
(c) TOTAL Independent Expenditures			•	5995.06
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	06 / 27	2014
• · · · · · · · · · · · · · · · · · · ·				